

August 6, 2021

ACHIMHAI Medical Corporation % Priscilla Chung Regulatory Affairs Consultant LK Consulting Group USA, Inc. 1150 Roosevelt, STE 200 Irvine, California 92620

Re: K200193

Trade/Device Name: Kisses Plus Implant System

Regulation Number: 21 CFR 872.3630

Regulation Name: Endosseous Dental Implant Abutment

Regulatory Class: Class II Product Code: NHA Dated: June 23, 2021 Received: July 6, 2021

# Dear Priscilla Chung:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Andrew I. Steen
Assistant Director
DHT1B: Division of Dental and ENT Devices
OHT1: Office of Ophthalmic, Anesthesia,
Respiratory, ENT and Dental Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

**Enclosure** 

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

## Indications for Use

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

K200193
Device Name
Kisses Plus Implant System
Indications for Use (Describe)
The Kisses Plus Implant System is indicated for use in partially or fully edentulous mandibles and maxilla, in support of single or multiple-unit restorations including; cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework.
The Kisses Plus Implant System is for single and two stage surgical procedures. It is for delayed loading.
Type of Use (Select one or both, as applicable)
Prescription Use (Part 21 CFR 801 Subpart D) Over-The-Counter Use (21 CFR 801 Subpart C)
CONTINUE ON A SEPARATE PAGE IF NEEDED.

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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# 510(k) Summary (K200193)

This summary of 510(K) information is being submitted in accordance with requirements of 21 CFR Part 807.92.

Date: 8/6/2021

#### 1. Submitter

ACHIMHAI Medical Corporation 28, Namyang-ro, 930beon-gil, Namyang-eup Hwaseong-si, Gyeonggido, Republic of Korea, 18255

# 2. U.S Agent/Contact Person

Priscilla Chung

LK Consulting Group USA, Inc.

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#### 3. Device

• Trade Name: Kisses Plus Implant System

• Common Name: Dental Implant System

• Classification Name: Endosseous Dental Implant

• Product Code: NHA

• Classification regulation: 21CFR 872.3630

### 4. Predicate Device:

### • Primary Predicate Device:

Nobel Active Multi Unit Abutment by Nobel Biocare AB (K072570)

## • Reference Predicate Device:

Multi Unit Abutment Plus by Nobel Biocare AB (K161416)
SimpleLine II Abutment System by Dentium (K112045)
Biogensis Implant System-Kisses by Biogenesis Co., Ltd. (K142813)

Kisses Plus Implant System by ACHIMHAI Medical Corporation (K172630)

## 5. Description:

This 510k is to add the following abutments to Kisses Plus Implant System.

Type		
Multi Straight Abutment		
Multi Angled Abutment		
CCM Abutment		
Multi CCM Abutment		

## • Multi Straight Abutment

The Multi Straight Abutment is not used alone but used with a Multi CCM Abutment. The Multi CCM Abutment is fastened on the top of the Multi Straight Abutment. The Multi Straight abutment is compatible with every size of fixtures cleared under K142813 and K172630. The abutment is made of Ti 6Al 4V ELI (ASTM F136).

Dimension ranges:

2 111101131311 14118031	
Length	8.8 ~ 12.5mm
Diameter	4.8mm
Gingival height	1.5 ~ 4.5mm
Angulation	-
Post height	2.2mm

## • Multi Angled Abutment

The Multi Angled Abutment is not used alone but used with a Multi CCM Abutment. The Multi CCM Abutment is fastened on the top of the Multi Angled Abutment. The Multi Straight abutment is compatible with every size of fixtures cleared under K142813 and K172630. The abutment is made of Ti 6Al 4V ELI (ASTM F136).

Dimension ranges:

Length	6.44 ~ 7.93mm
Diameter	4.8mm
Gingival height	2.5 ~ 4.5mm
Angulation	17 ~ 30°
Post height	2.2mm

#### • CCM Abutment

The is one of the final abutments to be coupled to the fixture which will be positioned in the bone through gingiva. It forms a set with its abutment screw. This abutment is designed for casting with dental alloy in the lab. The plastic part is burned out during casting. The CCM Abutment is compatible with every size of fixtures cleared under K142813 and K172630. The abutment is made of Co Cr Mo (ASTM F1537).

Dimension ranges:

Length	15.1 ~ 17.05mm
Diameter	4.0 ~ 4.5mm
Gingival height	1.0mm
Angulation	-
Post height	-

#### • Multi CCM Abutment

The Multi CCM Abutment is used with the multi straight abutment and the multi angled abutment. This is one of the final abutments to be coupled to the fixture which will be positioned in the bone through gingiva. It forms a set with its abutment screw. The CCM Abutment is compatible with every size of fixtures cleared under K142813 and K172630. The abutment is made of Co Cr Mo (ASTM F1537).

Dimension ranges:

simension ranges.			
Length	15.0mm		
Diameter	4.8mm		
Gingival height	-		
Angulation	-		
Post height	-		

The following screws are used with the abutments.

All of the screws below were cleared under K172630.

Type	Model Names
Abutment Screw	KAS16
	ATAS20

We intend to add the following abutment screws to the Kisses Plus System.

Type	Model Names
Multi Abutment Screw	KAS-16M
	AAS-20M

# 6. Indication for use:

The Kisses Plus Implant System is indicated for use in partially or fully edentulous mandibles and maxilla, in support of single or multiple-unit restorations including; cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework.

The Kisses Plus Implant System is for single and two stage surgical procedures. It is for delayed loading.

## 7. Basis for Substantial Equivalence

Multi Straight Abutment & Multi Angled Abutment

	Subject Device	Primary Predicate Device	Reference Predicate Device
510(K) Number	K200193	K072570	K161416
Device Name	Kisses Plus Implant System	NobelActive Multi Unit Abutment	Multi Unit Abutment Plus
Manufacturer	Achimhai Medical Corporation	Nobel Biocare AB	Nobel Biocare AB
Type	Internal	Internal	Internal
Indications for Use	The Kisses Plus Implant System is indicated for use in partially or fully edentulous mandibles and maxillae, in support of single or multiple-unit restorations including; cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework.  The Kisses Plus Implant System is for single and two stage surgical procedures. It is for delayed loading.	NobelActive Multi Unit Abutment is a premanufactured prosthetic component directly connected to the endosseous dental implant and is intended for use as an aid in prosthetic rehabilitation.	The Multi-unit Abutment Plus is a premanufactured prosthetic component directly connected to the endosseous dental implant and is intended for use as an aid in prosthetic rehabilitation.
Principle of Operation	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.
	Multi St	traight Abutment	
Design & Size Range	Non-Hex Diameter: 4.8mm	Non-Hex Diameter: 4.8mm Gingival Height: 1.5-4.5mm	Non-Hex Diameter: 4.8mm Gingival Height: 1.5-4.5mm

	Gingival Height: 1.5-4.5mm		
Intended Use	Screw retained restoration	Screw retained restoration	Screw retained restoration
Material Composition	Ti 6Al 4V ELI(ASTM F136)	Ti 6Al 4V ELI(ASTM F136)	Ti 6Al 4V ELI(ASTM F136)
Surface Treatment	No	No	No
Sterile	No	No	No

#### Substantial Equivalence Discussion

The subject Multi Straight Abutment is substantially equivalent to the predicate devices in terms of indications for use and technical characteristics. The indications for use statement of the subject device is identical to our company's own reference device, K172630. In addition, the indications for use of the primary predicate, which states that it is "intended for use as an aid in prosthetic rehabilitation", is inherent to the overarching system.

They are made of the same material. The size range of the predicate devices encompasses the size range of the subject device. The design is slightly different as the predicate device has more grove at the top, but the difference is minor and does not raise a question in substantial equivalence.

Multi Angled Abutment			
<multi angled<br="">Abutment&gt; Design &amp; Size Range</multi>	Hex Width: 4.8mm Gingival Height: 2.5-4.5mm Angle: 17° - 30°	Hex Width: 4.8mm Gingival Height: 2.5-4.5mm Angle: 17° - 30°	Hex Width: 4.8mm Gingival Height: 2.5-4.5mm Angle: 17° - 30°
Intended Use	Screw retained restoration	Screw retained restoration	Screw retained restoration
Material Composition	Ti 6Al 4V ELI(ASTM F136)	Ti 6Al 4V ELI(ASTM F136)	Ti 6Al 4V ELI(ASTM F136)
Surface Treatment	No	No	No
Sterile	No	No	No

#### Substantial Equivalence Discussion

The subject Angled Abutment is substantially equivalent to the predicate devices in terms of indications for use and technical characteristics. The indications for use statement of the subject device is identical to our company's own reference device, K172630. In addition, the indications for use of the primary predicate, which states that it is "intended for use as an aid in prosthetic rehabilitation", is inherent to the overarching system.

They are made of the same material and have similar design. The size range of the predicate devices encompasses the size range of the subject device. The design is almost the same and there is not really any difference. Also, the test result of the fatigue test supported that the subject abutment would perform as well as the predicate devices.

## CCM Abutment & Multi CCM Abutment

	Subject Device	Primary Predicate Device	
510(K) Number	K200193	K112045	
Device Name	Kisses Abutment System	SimpleLine II Abutment System	
Manufacturer	Achimhai Medical Corporation	Dentium	
Type	Internal	Internal	
Indications for Use	The Kisses Abutment System is indicated for use in partially or fully edentulous mandibles and maxillae, in support of single or multiple-unit restorations including; cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework.  The Kisses Abutment System is for single and two stage surgical procedures. It is for delayed loading.	The SimpleLine II Abutment system is intended for use as an aid in prosthetic rehabilitation.	
Principle of Operation	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.	
<ccm abutment=""> Design &amp; Size Range</ccm>	Hex Non-Hex Diameter: 4.0-4.5mm Gingival Height: 1mm	Octa Non-Octa Diameter: 4.8-6.5mm Gingival Height: 1mm	
Intended Use	Casting with Co Cr Mo (ASTM F1537)	Metal Casting restoration	
Material Composition	Co Cr Mo(ASTM F1537)	Co Cr Mo(ASTM F1537)	
Surface Treatment	No	No	
Sterile	No	No	

	Subject Device	Primary Predicate Device
510(K) Number	K200193	K161416
Device Name	Kisses Abutment System	Multi Unit Abutment Plus
Manufacturer	Achimhai Medical Corporation	Nobel Biocare AB
Туре	Internal	Internal
Indications for Use	The Kisses Abutment System is indicated for use in partially or fully edentulous mandibles and maxillae, in support of single or multiple-unit restorations including; cemented retained, screw retained, or overdenture restorations, and terminal or intermediate abutment support for fixed bridgework.  The Kisses Abutment System is for single and two stage surgical procedures. It is for delayed loading.	The Multi-unit Abutment Plus is a premanufactured prosthetic component directly connected to the endosseous dental implant and is intended for use as an aid in prosthetic rehabilitation.

Principle of Operation	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.	The abutments are to be coupled to the fixtures to make temporary or final prosthesis.
<multi abutment="" ccm=""> Design &amp; Size Range</multi>	Diameter: 4.8mm	Diameter: 4.8mm
Intended Use	Casting with Co Cr Mo (ASTM F1537)	Casting with dental gold alloy
Material Composition	Co Cr Mo(ASTM F1537)	Gold alloy
Surface Treatment	No	No
Sterile	No	No

## **Substantial Equivalence Discussion**

Kisses Plus Implant System is substantially equivalent to the predicate devices in terms of intended use and technical characteristics. The intended use of the subject abutments remains identical to the company's own predicate device (K172630). In addition, the indications for use of the primary predicate (K072570), which states that it is "intended for use as an aid in prosthetic rehabilitation", is inherent to the overarching system.

They are made of the same material and have similar design. The size range of the predicate device encompasses the size range of the subject device. There are slight differences in design, however, it is very minor not affecting substantial equivalence.

We have performed the fatigue test to make sure the difference in design does not raise an issue in safety and effectiveness and also to make sure that the subject CCM abutments can be used with the identified compatible fixtures previously cleared (K142813 and K172630). The test result of the test supported substantial equivalence.

Based on the information and test results provided in submission, we conclude that the subject device is substantially equivalent to the predicate devices.

# 8. Non-Clinical Testing

- Fatigue test in accordance with ISO 14801
- Cytotoxicity, Sensitization, and Irritation tests per ISO 10993-5 and ISO 10993-10 were performed for this submission. In addition, biocompatibility testing is also being leveraged from the company's own previous clearance K172630.
- Steam sterilization validation in accordance with ISO 17665-1 and ISO 17665-2

We have performed the tests above to make sure the differences between the subject deice and the predicate device do not raise an issue in safety and effectiveness and the test result of the test supported substantial equivalence.

### 9. Conclusion

The subject devices and the predicate device have the same intended use and have the same technological characteristics.

Overall, the Kisses Plus Implant System has the following similarities to the predicate device:

- \* have the same intended use,
- \* use the same operating principle,
- \* incorporate the same design,
- \* incorporate the same material and the sterilization method.

Based on the similarities, we conclude that the Kisses Plus Implant System is substantially equivalent to the predicate devices.